



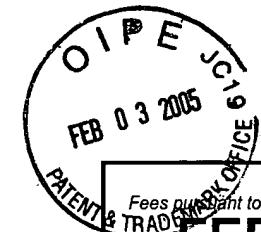
**TRANSMITTAL  
FORM**  
*(to be used for all correspondence after initial filing)*

		Application Number	09/282,229
		Filing Date	March 31, 1999
		First Named Inventor	Forin
		Group Art Unit	2126
		Examiner Name	T.T. Ho
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	116650.05

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final (13 pages) <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Petition for Extension of Time Under 37 CFR 1.136(a) (in duplicate)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) (# sheets)  <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Newly Executed (# pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (# pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input checked="" type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ): <u>Statement under 37 CFR 3.73(b); Copy of the Assignment Document; Notice of Appeal</u>		
		CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a))		
		<input checked="" type="checkbox"/> I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or  <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703)		
		<u>01-31-05</u> <i>David S. Lee</i> <i>Rimman Oks</i>		
		Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.

**SIGNATURE OF ATTORNEY OR AGENT**

Signature	<i>David S. Lee</i>	Reg. No.	38,222
Name of Attorney or Agent	David S. Lee		
Date	<u>January 31, 2005</u>	Tel.	(425) 703-8092
Assignee Name:	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:	22971		



Effective on 12/08/04  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**950.00**

<i>Complete if Known</i>	
Application Number	<b>09/282,229</b>
Filing Date	<b>March 31, 1999</b>
First Named Inventor	<b>Forin</b>
Examiner Name	<b>T.T. Ho</b>
Art Unit	<b>2126</b>
Attorney Docket No.	<b>116650.05</b>
Express Mail Label No.	<b>N/A</b>

METHOD OF PAYMENT (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_  
 Deposit Account   Deposit Account Number: **50-0463**   Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

##### 2. EXCESS CLAIM FEES

###### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent      Fee (\$)      Small Entity Fee (\$)  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent      Fee (\$)      Small Entity Fee (\$)

Multiple dependent claims      Fee (\$)      Small Entity Fee (\$)

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>36</u>	- 52 or HP = <u>0</u>	x <u>50</u>	= <u>0</u>			
	HP = highest number of total claims paid for, if greater than 20					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
<u>1</u>	- 6 or HP = <u>0</u>	x <u>200</u>	= <u>0</u>			

HP = highest number of independent claims paid for, if greater than 3

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

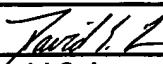
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 = _____	/ 50 = _____	(round up to a whole) number x _____ = _____		

##### 4. OTHER FEE(S)

Non-English Specification,    \$130 fee (no small entity discount)

Other: Notice of Appeal Fee (\$500.00); Extension for response within second month (\$450.00)      \$950.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) <b>38,222</b>	Telephone <b>(425) 703-8092</b>
Name (Print/Type)	<b>David S. Lee</b>		Date <b>January 31, 2005</b>